

<b>CLAIMS ONLY</b>						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2	1							
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TOTAL IND.	2		↓		↓		↓	
TOTAL DEP.	2		←		←		←	
TOTAL CLAIMS	2							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS